

METROPOLITAN GOVERNMENT of NASHVILLE and DAVIDSON COUNTY TENNESSEE

Metro Public Health Department
Pollution Control Division
311-23rd Avenue, North
Nashville, Tennessee 37203
Telephone: (615) 340-5653
Fax: (615) 340-2142

PERMIT APPLICATION
Temporary Portable Rock Crushing Operation



One copy of this form must be filled out completely for each temporary portable rock crushing operation.

1. Company Name: _____ Telephone Number: _____
Company Address: _____
Mailing Address: _____
Location of Crusher: _____
On-site _____ Office Phone Number: _____
Contact Person: _____ Mobile Phone Number: _____
2. Provide the anticipated startup date for the temporary portable rock crushing operation: _____
3. Provide the maximum hours per day and the maximum number of days per week that the temporary portable rock crusher will operate:
Hours per day: _____ Days per week: _____
4. Provide the rated production capacity of the temporary portable rock crusher: _____ Tons/Hour
5. A permit will not be granted for any temporary portable rock crushing operation, unless wet suppression is applied at all times during operation to the following emission points:
 - (a) Drilling conducted in or through rock;
 - (b) Crushers;
 - (c) Sizing screens;
 - (d) Conveyor transfer points; and
 - (e) Stockpiles.
6. Each permit application for a temporary portable rock crushing operation must be accompanied by a check, made payable to the Metro Public Health Department, for \$100.00.
7. I hereby certify that to the best of my knowledge, the information contained in this application is true, accurate and complete.

Type or Print Name of Responsible Official

Title

Signature of Responsible Official

Date